



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Trenton D. Weeks, D.C.

Respondent Name

Indemnity Insurance Company of North America

MFDR Tracking Number

M4-17-3511-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

August 2, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This billed examination was submitted within the allotted time for medical bill submission ... Carrier originally received billed examination, electronically on 08/17/2016, resulting in carrier receiving billed examination within the 95 day time frame (16 days)."

Amount in Dispute: \$350.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "For the medical bill for the date of service 8/5/16, the Carrier's first receipt of the bill was on 11/21/16 ... This bill was properly denied as the time limit for filing had expired since more than 95 days had passed since the date of service ... Requestor denies receipt of the bill electronically, and Respondent's document fails to prove otherwise."

Response Submitted by: Downs-Stanford, P.C.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 5, 2016	Referral Doctor Examination to Determine Maximum Medical Improvement & Impairment Rating	\$350.00	\$350.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §102.4 sets out the guidelines for communications between non-division parties.
3. 28 Texas Administrative Code §133.20 sets out the requirements for submitting a medical bill.
4. 28 Texas Administrative Code §133.210 sets out the requirements for medical documentation.

5. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services performed from March 1, 2008 until September 1, 2016.
6. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired.
 - 937 – Service(s) are denied based on HB7 provider timely filing requirement. A provider must submit a medical bill to the insurance carrier on or before the 95th day after the date of service.

Issues

1. Are Indemnity Insurance Company of North America's reasons for denial of payment supported?
2. Is Trenton D. Weeks, D.C. entitled to reimbursement of the disputed service?

Findings

1. Dr. Weeks is seeking reimbursement of \$350.00 for an examination to determine maximum medical improvement performed on August 5, 2016. Indemnity Insurance Company of North America (Indemnity Insurance) denied the disputed service with claim adjustment reason codes 29 – "THE TIME LIMIT FOR FILING HAS EXPIRED," and 937 – "SERVICE(S) ARE DENIED BASED ON HB7 PROVIDER TIMELY FILING REQUIREMENT. A PROVIDER MUST SUBMIT A MEDICAL BILL TO THE INSURANCE CARRIER ON OR BEFORE THE 95TH DAY AFTER THE DATE OF SERVICE."

28 Texas Administrative Code §133.20(b) states, in relevant part, "Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided."

28 Texas Administrative Code §102.4(h) states:

Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

Documentation provided by Dr. Weeks includes electronic billing information that indicates the following:

- Dr. Weeks submitted a medical bill to the electronic billing provider for the disputed service on August 15, 2016.
- The payer accepted the bill on or about August 16, 2016.
- The payer is Sedgwick CMS.

The submitted documentation indicates that Sedgwick CMS is an agent of Indemnity Insurance. 28 Texas Administrative Code §133.210(e) states:

It is the insurance carrier's obligation to furnish its agents with any documentation necessary for the resolution of a medical bill. The Division considers any medical billing information or documentation possessed by one entity to be simultaneously possessed by the other.

The division concludes that Dr. Weeks submitted a medical bill for the service in question to the insurance carrier within 95 days from the date of service, as required by 28 Texas Administrative Code §133.20(b). This service will be reviewed in accordance with applicable fee guidelines.

2. Per 28 Texas Administrative Code §134.204(j)(2)(A):

If the examining doctor, other than the treating doctor, determines MMI has not been reached, the MMI evaluation portion of the examination shall be billed and reimbursed in accordance with paragraph (3) of this subsection. Modifier "NM" shall be added.

Paragraph (3) states, “The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350.” The submitted documentation supports that Dr. Weeks performed an evaluation of maximum medical improvement (MMI) and found that the injured employee was not at MMI. Therefore, the maximum allowable reimbursement for this examination is \$350.00. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$350.00.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$350.00, plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this order.

Authorized Signature

_____	Laurie Garnes	October 6, 2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim. The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.